



2015

CIVILIAN

BENEFIT Matters



CITY OF SAN ANTONIO EMPLOYEE BENEFIT GUIDE



INSIDE THIS EDITION

2015 PREMIUMS

HEALTH PLANS

HELPFUL TOOLS

WELCOME TO YOUR 2015 BENEFIT MATTERS.

Whether you are a City of San Antonio employee selecting your annual benefits or are a new employee reviewing your benefits for the first time, the following pages will serve as the roadmap to your benefit. This guide contains useful information that will help you make the best benefit choices for you and your family. From health care plan options to information about vision, dental, life insurance coverage, and wellness, you will find answers to many of your benefits questions within these pages.

We understand you may have circumstances unique to you and your family, so at any time, please feel free to reach out to Human Resources through our Customer Service number, 210-207-8705 or via email at HRCustomerService@sanantonio.gov.

You may also contact your department's dedicated Employee Relations Team.

NEW FOR 2015:

The Consumer Choice and New Value medical plan options will still be offered in 2015. Beginning January 1, 2015, Premier will no longer be available.

See pages 5 & 6 for details

For those enrolled in New Value, all co-pays will count toward your out-of-pocket maximum.

QUICK LOOK:

Remember, your current tobacco use status remains in 2015, so if you are still a tobacco user, you will continue to incur the \$40 monthly fee.

More information on page 15.

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Contacts

Organization	Phone	Website/Email/Address
Human Resources Customer Service	210-207-8705	sanantonio.gov/hr hrcustomerservice@sanantonio.gov
CitiDent PPO (Dental Plan)	800-521-2651	deltadentalins.com/cityofsanantonio
DeltaCare DHMO (Dental Plan)	800-422-4234	deltadentalins.com/cityofsanantonio
City Employee Convenience Care Center (Gonzaba)	210-921-COSA (2672)	1303 McCullough Ave., Ste. 170
Davis Vision (Vision Provider)	800-448-9372	davisvision.com
Dearborn National Life Insurance	800-778-2281	dearbornnational.com
Deer Oaks (Employee Assistance Program)	210-615-8880	deeroaks.com
Flexible Spending Account (FSA) Customer Service	866-755-2648	myuhc.com
Health Savings Account (HSA) Customer Service	800-791-9361	myuhc.com
ICMA Retirement Corporation (Deferred Compensation Provider)	800-735-7202	icmarc.org
Nationwide Retirement Solutions (Deferred Compensation Provider)	877-677-3678	nrsforu.com
Texas Municipal Retirement System (TMRS)	800-924-8677	tmrs.com
UnitedHealthcare (Medical Plan Administrator)	800-996-2078	myuhc.com



Your Benefits

As a City employee, your total compensation package is more than just the salary you take home every other week. It is made up of several components including your health care, wellness, retirement, leave, and holiday benefit . This guide provides you with an overview of these benefit .

If you have questions about the information in this guide, contact Human Resources Customer Service at 210-207-8705 or your department's Employee Relations Team.

IN 2015

- Employees will be provided with two medical care plan options - the Consumer Choice plan and the New Value plan. More information can be found on pages 5 & 6.
- During the Open Enrollment period, employees must re-enroll their dependents to ensure they have coverage in 2015. Those employees enrolled in the Premier plan will be auto-enrolled in Consumer Choice at the employee-only level if no action is taken. For newly hired employees, if you do not select a medical plan option, you will be auto-enrolled in Consumer Choice at the employee-only level.
- All co-pays will count toward your out-of-pocket maximum.
- Maintenance drugs are not subject to the deductible under the Consumer Choice plan. A list of maintenance drugs can be found here http://www.sanantonio.gov/hr/employee_information/benefits/pdf/IRS-Approved%20Maintenance%20Drugs_Consumer_Choice.pdf.

EASY REFERENCE

Below are two reference tables that outline your 2015 benefit options as well as the FY 2014 - 2015 Holiday Schedule.

Benefit	Your Options
Medical	<ul style="list-style-type: none"> • Consumer Choice PPO • New Value PPO <p>The City and employee share in the cost of coverage.</p>
Dental	<ul style="list-style-type: none"> • CitiDent PPO • DeltaCare DHMO <p>Delta Dental serves as the claims administrator for these plans.</p>
Vision	Davis Vision serves as the claims administrator for this plan.
Basic Life, Accidental Death & Dismemberment Insurance	<ul style="list-style-type: none"> • The City provides Basic Life Insurance and Accidental Death & Dismemberment Insurance equal to one (1) times your annual salary. • You can purchase Supplemental Life Insurance for yourself. • You can purchase Dependent Life Insurance for your spouse / children. <p>Dearborn National Life Insurance serves as the claims administrator for these plans.</p>
Flexible Spending Account (Health Care FSA)	<ul style="list-style-type: none"> • You can contribute to the Health Care FSA with pre-tax dollars to pay for eligible out-of-pocket health care expenses. The funds are available to use on January 1, 2015, and whatever is not spent by March 1, 2016 will be forfeited.
Child / Elder Care Flexible Spending Account (Dependent Care FSA)	<ul style="list-style-type: none"> • You can contribute to the Child / Elder Care FSA with pre-tax dollars to pay for eligible out-of-pocket dependent care expenses. The funds will be available to you as they are deposited into your account, and whatever is not spent by March 1, 2016 will be forfeited.
Health Savings Account (HSA)	<ul style="list-style-type: none"> • With enrollment in the Consumer Choice health plan, you will receive a City contribution (\$500 for employee-only plan / \$1,000 for family plan) to your HSA and can also contribute to your HSA with pre-tax dollars to pay for eligible health care expenses. This account earns interest, you own it, and what is not used rolls over to the next year.

FY 2014 - 2015 Holiday Schedule	
Holiday	Date
Veteran's Day	November 11, 2014
Thanksgiving Day	November 27, 2014
Day After Thanksgiving	November 28, 2014
Christmas Eve	December 24, 2014
Christmas Day	December 25, 2014
Winter Holiday	December 26, 2014
*City Closure (Employee Leave)	December 29, 2014
*City Closure (Employee Leave)	December 30, 2014
Winter Holiday	December 31, 2014
New Year's Day	January 1, 2015
Martin Luther King, Jr. Day	January 19, 2015
Fiesta San Jacinto Day	April 24, 2015
Memorial Day	May 25, 2015
Independence Day (Observed)	July 3, 2015
Labor Day	September 7, 2015

*Not official holidays, but the City will be closed. Employees are asked to use Personal Leave, Annual Leave, Comp Time, or Voluntary Leave Without Pay to cover these two days.

Note: Most Pre-K 4 SA employees will follow a different holiday schedule. For questions about your Pre-K 4 SA holiday schedule, contact the department's Employee Relations Business Partner.



Bi-Weekly Health Plan Premiums

Health Plan	Hired Before 01/01/09		Hired After 01/01/09	
Consumer Choice				
	City	Employee	City	Employee
Employee Only	\$196.71	\$0	\$196.71	\$0
Employee + Child(ren)	\$314.44	\$10.50	\$302.94	\$22
Employee + Spouse / Domestic Partner	\$337.67	\$30.50	\$305.17	\$63
Employee + Family	\$453.37	\$43	\$407.37	\$89
New Value				
Employee Only	\$262.40	\$26.50	\$232.40	\$56.50
Employee + Child(ren)	\$407.73	\$69.50	\$344.73	\$132.50
Employee + Spouse /Domestic Partner	\$411.22	\$129.50	\$330.22	\$210.50
Employee + Family	\$553.51	\$175.50	\$446.01	\$283

Bi-Weekly Vision Plan Premiums

Vision Plan	Premium
Employee Only	\$3.92
Employee + Child(ren)	\$7.01
Employee + Spouse/Domestic Partner	\$7.01
Employee + Family	\$10.38

Bi-Weekly Dental Plan Premiums

Dental Plan	CitiDent PPO	DeltaCare DHMO
Employee Only	\$16.50	\$6.83
Employee + Child(ren)	\$24.50	\$12.73
Employee + Spouse / Domestic Partner	\$24.50	\$12.73
Employee + Family	\$36.50	\$19.10

Domestic Partner Tax Implications

When you enroll your domestic partner or your domestic partner's child in one of the City's health plans, the IRS considers the City's contribution toward the additional coverage as income for federal tax purposes. This income is the amount the City contributes towards the cost of coverage for your domestic partner and/or your partner's child.

The amount of this income depends upon the plan in which you are enrolled and the level of your coverage. This income increases your taxable gross income for federal income taxes and FICA (Social Security and Medicare). Taxes are withheld from your paycheck and will be reported on your annual W-2 form. More details are available in the Domestic Partner Enrollment Packet, which can be found on the COSAweb or at sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp.

Below is a simplified example of how this income is calculated for an employee hired before 2009, who selected the New Value plan with employee plus family coverage. The City understands that this is a complex issue. Please consult your personal tax advisor for assistance.

The City contributes \$553.51 towards your total bi-weekly medical premium for Employee + Family (Domestic Partner and Domestic Partner child), and	the City contributes \$262.40 towards a total bi-weekly medical premium for Employee Only, then	\$291.11 is the difference of bi-weekly income you would be taxed on.
\$553.51 (Employee + Family)	\$262.40 (Employee Only)	\$291.11 = (\$553.51 - \$262.40)

Notes

Medical Plans At-A-Glance



Two Medical Plans - Choose The One That's Best for You

For 2015, you will have the option of selecting one of two medical care plans - Consumer Choice or New Value. Both plans feature co-insurance, deductibles, and in-network preventive screenings covered at 100%. Both plans are also PPO plans, meaning they offer you the freedom to select your health care providers from a nationwide network.

Below is a side-by-side comparison of both health plan options. As you can see, the coverage is the same for both plans; however, the amount you pay out-of-pocket varies between the two plans.

Plan Benefit	Consumer Choice (CDHP) PPO		New Value PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Employee Only / Family)	\$1,300 / \$2,600	\$2,600 / \$5,200	\$1,250 / \$2,500	\$2,500 / \$5,000
Annual Out-of-Pocket Maximum (Employee Only / Family)	\$4,000 / \$8,000	\$8,000 / \$16,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Co-insurance (After Deductible)	80% / 20%	60% / 40%	80% / 20%	60% / 40%
Preventive Screenings	Covered at 100%	60% after deductible	Covered at 100%	60% after deductible
Office Visits:				
Primary Care				
Premium Designation Specialist	20% after deductible	40% after deductible	\$30 \$35 \$55 \$50	40% after deductible
Specialist				
Urgent Care				
Emergency Care and Ambulance Services	20% after deductible			
In-Patient Hospital Admissions,				
Out-Patient Surgery,	20% after deductible	40% after deductible	20% after deductible	40% after deductible
Durable Medical Supplies, and Radiology				
Physical, Occupational, and Speech Therapy	20% after deductible	40% after deductible	20% after deductible	40% after deductible
City Contribution to Health Savings Account (HSA)	Funded by City contribution (\$500 for employee only / \$1,000 for family), employee payroll deductions, and participation in Employee Wellness Program		N / A	
Flexible Spending Account (FSA)	Child / Elder Care FSA - Funded by employee payroll deductions		Health Care FSA - Funded by employee payroll deductions and participation in Employee Wellness Program Child / Elder Care FSA - Funded by employee payroll deductions	

Consumer Choice and New Value - How Are They Different?

Plan Feature	Consumer Choice (CDHP) PPO	New Value PPO
Health Savings Account (HSA)	<p>Allows you to pay for qualified medical, dental, and vision out-of-pocket expenses or save for future health care expenses with pre-tax dollars.</p> <p>Money contributed to your account is yours to keep, whether you remain a City employee or not and it rolls over from year to year.</p> <p>City will contribute \$500 for an employee-only plan and \$1,000 for a family plan.</p> <p>Funds are only available to you as money is contributed to the account.</p>	Does not apply.
Flexible Spending Account (FSA)	Does not apply.	<p>Allows you to set aside pre-tax dollars to pay for qualified medical, dental, and vision out-of-pocket expenses.</p> <p>Money contributed to your account is available to you beginning January 1, 2015.</p> <p>Follows the “use or lose” rule, meaning that any dollars not used by March 1, 2016 will be forfeited.</p>
Co-pays	Do not apply.	Co-pays apply in the amounts of \$30, \$35, \$50, and \$55 based on the type of provider you select.
Family Deductible	The family deductible can be met by one family member or a combination of family members. For example, for a family of five, the family's \$2,600 deductible can be met by one family member or a combination of any of the five family members.	A family would need at least two people to meet the individual deductible in order to meet the family deductible. For example, two family members would need to reach \$1,250 each in health care expenses in order to meet the \$2,500 family deductible.
Prescription Drug Coverage	<p>You are responsible for 100% of the discounted cost of your prescription medications (from in-network providers) until you meet your deductible.</p> <p>For IRS-approved maintenance medications, such as those used to manage high blood pressure, diabetes, osteoporosis, and cholesterol, you only pay 20% of their cost since they are not subject to the deductible.</p>	<p>Co-pays apply in the amounts of \$10, \$35, \$65, and \$100 based on the tier of medication you need.</p> <p>For those managing diabetes through medication, the City's Value-based Co-pay Program offers \$0 co-pay for Tier 1 medications, \$10 for Tier 2 and \$20 for Tier 3.</p>



Health Savings Accounts

The ABCs of Your City-Funded Health Savings Account

A Health Savings Account (HSA) is a bank account that is owned and managed by the account holder - YOU. The funds in the account are to be used for the sole purpose of paying for qualified health care expenses and saving for future eligible health care (medical, dental, and vision) expenses. Like your personal checking or savings account, your HSA is held at a bank, OptumHealth Bank. A partner of UnitedHealthcare, OptumHealth Bank focuses solely on health care banking. With the HSA, you will be issued a Health Savings Account debit card from UnitedHealthcare that will allow you to access funds.

To help you get started, the City will contribute \$500 for an employee-only plan and \$1,000 for a family plan to your HSA. These funds will be available in January 2015. Even if you are currently enrolled in the Consumer Choice plan and select this plan again for 2015, you will still receive the City's contribution in 2015. The deposit from the City, plus any additional funds you choose to contribute on a pre-tax basis through bi-weekly payroll deductions, as well as contributions earned through participating in the 2015 Employee Wellness Program, can all be used to pay for your family's and your health-related expenses. The IRS maximum in HSA contributions for 2015 is \$3,350 for an individual and \$6,650 for a family plan.

You own the funds in the HSA, including any interest; therefore, whatever you do not use throughout the year automatically rolls over to the next year AND it remains available to you when you leave the City. You can also change the amount you contribute through bi-weekly payroll deductions. If you have an HSA, you cannot also have a Health Care Flexible Spending Account. HSA funds will be available to you as they are deposited into your account.

HSA Eligibility

You are eligible to open and contribute to an HSA if all the following are true:

- Are enrolled in the Consumer Choice plan
- Are not covered by any other ineligible plan (plan that is not a Consumer-Driven Health Plan, such as Medicare, TRICARE, or TRICARE for Life health)
- Are not claimed as a dependent on someone else's federal tax return
- Are not covered by a Health Care FSA (also applies to your spouse)

Health Care Savings Accounts—A Triple Tax Advantage

In addition to providing you with a way of paying for your current qualified health care expenses and saving for your future health care needs, an HSA provides you with a triple tax advantage. The funds in an HSA: 1) are not taxable when they are deposited, 2) accrue interest tax-free, and 3) are not taxable when being withdrawn to cover eligible medical expenses.

YOU, not the City, are responsible for maintaining records (receipts, explanation of benefits, etc.) of how you spent the funds in your HSA to provide to the IRS in the event of an IRS audit.

Eligible and Ineligible HSA Expenses

The purpose of an HSA is to pay for current or save for future qualified health care expenses for you and your family. Below are a few of the expenses that are considered eligible and ineligible with an HSA.

Eligible HSA expenses for you and your family include:

- Deductibles and co-insurance for medical, dental, and vision care and services
- Prescription medications

Ineligible HSA expenses for you and your family include:

- Insurance premiums
- Vision warranties and service contracts
- Over-the-counter medications without a prescription
- Teeth whitening

Note: All money contributed to your HSA by the City, including Wellness money, is subject to a 6% withholding for your Texas Retirement System (TMRS) account.



Flexible Spending Accounts

An Overview of Your Health Care Flexible Spending Account

If you select the New Value medical care plan, you can open a Flexible Spending Account (FSA) to help cover the cost of eligible health care expenses. Each paycheck you set aside some of your pay, before taxes, to use for eligible expenses.

- The annual contribution limit is \$2,500 for a Health Care FSA.
- Only eligible expenses incurred between January 1, 2015 and December 31, 2015 may be reimbursed from your FSA. If applicable, some expenses can be allowed after December 31. All claims for reimbursement must be filed by March 31, 2016. Any remaining money will be lost.

With a Health Care FSA, you can get reimbursed for out-of-pocket health care expenses incurred by you or your IRS Tax Dependents, whether or not you or your dependent is covered by the City's health plans. The annual contribution limit is \$2,500. Funds are available immediately on January 1, 2015.

Eligible Health Care FSA expenses include:

- Deductibles and co-insurance for medical, dental and, vision care and services
- Prescription medications

Ineligible Health Care FSA expenses include:

- Insurance premiums
- Over-the-counter medications without a prescription
- Vision warranties and service contracts
- Teeth whitening

Note: All Wellness money contributed to your FSA by the City is subject to a 6% withholding for your Texas Municipal Retirement System (TMRS) account.

Child/Elder Care FSA

You can use the Child/Elder Care FSA to pay for eligible day care expenses related to the care of or services provided to children under the age of 13, or tax dependents who are mentally or physically incapable of caring for themselves. Like with the Health Care FSA, each paycheck you set aside some of your pay, before taxes, to use for eligible expenses. Child/Elder Care claims are submitted using an FSA claim paper form. The annual contribution limit is \$5,000 for Child/Elder Care FSA. Funds will be available to you as they are deposited into your account.

Eligible Child/Elder Care FSA expenses include:

- Babysitter
- Day camp
- Child care center
- Adult care center

Ineligible Child/Elder Care FSA expenses include:

- Expenses you claim under the Federal Dependent Care Tax Credit
- Health care expenses you pay for your dependents
- Clothing for your dependents
- Transportation to and from a care provider

How it Works

1. Estimate your expenses for the year and decide how much money to set aside.
2. Enroll in the FSA when you enroll in your benefits.
3. The total amount will be divided by 24 bi-weekly paychecks.
4. When you have expenses, you can use the money in your FSA to reimburse yourself. Your Health Care FSA comes with a Consumer Accounts Card from UnitedHealthcare. For child/elder care reimbursement, complete the Dependent Care Claim Form at sanantonio.gov/hr/employee_information/benefits/forms.asp.

Learn more - view the FSA video in the City's benefit information video library on the Human Resources website.

FSA Savings Example		
With FSA		Without FSA
\$31,000	Annual Gross Income	\$31,000
-\$2,500	Annual FSA Deposit	-\$0
\$28,500	Taxable Gross Income	\$31,000
-\$6,455	*Taxes	-\$7,021
\$22,045	Annual Net Income	\$23,979
-\$0	Cost of Expenses	-\$2,500
\$22,045	Spendable Income	\$21,479

By using an FSA to pay for anticipated expenses, you can convert the money you save in taxes to additional spendable income. The example above reflects a potential annual savings of \$566.

*Example based upon a 22.65% tax rate (15% federal and 7.65% Social Security) calculated on a calendar year.



Tools to Help You Choose the Right Plan

Making health care decisions can be difficult, and selecting the best medical care plan is no exception. When considering your health care options, there are several factors to keep in mind including:

- Your family's and your health care needs for the upcoming year. Do you expect any major medical expenses?
- The amount you pay out-of-pocket for health care. Do you normally meet your deductible?
- Your use of maintenance prescription drugs. How much do you pay for prescription medications annually?
- The cost of having a health care plan, whether you use it or not. How much will I pay just to have coverage, even if I do not use or need it?

There are several online resources and tools that can help you make the best health care decisions for you and your family.

- With the Health Plan Cost Estimator, available at pcestimator.com, you can estimate your 2015 health care costs in order to decide which plan would be best for you and your family—putting your health care decisions in your hands.
- With myHealthCare Cost Estimator, also available on myuhc.com, you can budget for future medical treatments by estimating the cost of a procedure based on your health plan, costs in your area, and use of an in-network provider.
- By using the UnitedHealthcare's Health4Me mobile phone app, you will have instant access to you and your family's critical health information – anytime/anywhere. Whether you want to find physicians near you, check the status of a claim or speak directly with a nurse, Health4Me is your go-to resource for everything related to your health. The Health4Me app is a free download available for Apple and Android devices.

What is the Health Plan Cost Estimator?

The Health Plan Cost Estimator allows you to compare the cost differences between the City's three health care options. This easy-to-use tool considers your annual estimated out-of-pocket expenses to help you select the plan that results in lower overall costs to you. It provides detailed comparisons for premiums, plan costs, and more. You can even use this tool to compare the costs of the City's plan offerings with those of your spouse's/domestic partner's employer's plan.

A Flexible Spending Account contribution calculator is included in this tool, and it helps you determine how much you should contribute to a Flexible Spending Account. Based on the bi-weekly amount you decide to contribute, you will be able to see your estimated tax savings.

Use the Health Plan Cost Estimator in 4 Easy Steps:

1) Visit <https://www.pcestimator.com/> to log into the Health Plan Cost Estimator.

username: **SanAntonio2015**

password: **benefits**

2) Enter basic details about you and your dependents.

3) Indicate the health care usage for you and each of your dependents.

4) View your health care plan expenses and estimates.

Need help using the Health Plan Cost Estimator? Contact Human Resources Customer Service at 210-207-8705 or your department's Employee Relations Team.

A Real-life Example (In-Network Benefits)

- Joe Cosa, Maintenance Worker, Hired Before January 1, 2009
- Employee + Family Coverage
- Gross Medical Expenses of 10 Primary Care Physician Visits * Per Year with a Generic Antibiotic Prescribed at Each Visit

Plans	Consumer Choice	New Value
Annual Premium	\$1,032	\$4,212
Deductible	\$800*	-
Co-insurance	-	-
Office Visit Co-pay	-	\$300 (\$30 x 10 visits)
Pharmacy Co-pay	-	\$100 (\$10 x 10 Rx)
City-Funded Health Savings Account	(\$1,000)	-
Total Employee Cost	\$832	\$4,612

* Primary Care Physician Visits are estimated at \$50 per visit (\$50 x 10 = \$500) and generic antibiotics at retail are estimated at \$30 per prescription (\$30 x 10 = \$300).



Prescription Drug Plan

When considering your health plan options, it is important to consider your prescription needs. The City's prescription drug benefit provides you with access to a wide variety of drugs while helping to make the medications you need more affordable. You also have access to more than 60,000 in-network pharmacies to fill your next prescription.

Automatic Generics Program

This program automatically provides you with a generic equivalent to your prescription medication, when one is available. You do not even have to ask for it. Generic prescription drugs, which are mostly found in Tier 1, contain the same active ingredients as brand name and formulary drugs.

You still have the option of purchasing brand name medications; however, you will pay the difference between the generic and brand name drug. If your doctor requires that you only take brand name medications, make sure your prescriptions indicate "dispense as written." With "dispense as written" on your prescription, you will only pay the applicable co-pay for the brand name medication.

Value-Based Co-pay Program

It is important for employees and their dependents with diabetes to follow their prescription drug regimen to effectively manage their condition. In support of this, the City's Value-Based Co-pay Program continues in 2015. The plan offers prescription drugs related to diabetes at reduced co-pay amounts.

90-Day Mail Order Prescriptions

Purchasing a 90-day mail order supply of your prescription drugs saves you money on the maintenance medications you take every day. In addition to saving money, it is convenient to have your medications delivered to you at home through the Mail Order Pharmacy Program. This is the best way to ensure your medication is available when you need it. To begin receiving a 90-day mail order supply of your maintenance medications, visit myuhc.com.

Prescriptions and Consumer Choice

Remember, Consumer Choice does not have co-pays. You are responsible for 100% of the cost of your medication until you reach your deductible. For IRS-approved maintenance medications you only pay 20% of the cost since these medications are not subject to the deductible. A complete list of these medications can be found at sanantonio.gov/hr/employee_information/benefits/forms.asp.



2015 Prescription Drug Plan		
	New Value PPO Co-pays	Value-Based Co-pays (Diabetes Prescription Drugs)
30-day Retail		
Tier 1 (generics)	\$10	\$0
Tier 2 (preferred brand formulary)	\$35	\$10
Tier 3 (non-preferred brand)	\$65	\$20
Tier 4 (specialty)	\$100	N / A
90-day Mail Order		
Tier 1 (generics)	\$20	\$0
Tier 2 (preferred brand formulary)	\$70	\$20
Tier 3 (non-preferred brand)	\$130	\$40



Dental Plans

Regular dental visits can do more than keep your smile attractive, they can tell dentists a lot about your overall health, including whether or not you may be developing a disease like diabetes.

Through the dental benefits plans administered by Delta Dental, you and your dependents have access to a national network of dental providers.

A video about the dental plan benefit is available in the City's benefit information video library located on the Human Resources website and COSAweb.



CitiDent PPO

The CitiDent PPO is a dental PPO option that allows you to obtain care per the chart below from the dentist of your choice. Obtaining services from a provider within Delta Dental's network will lower your out-of-pocket costs.

Coverage Type	In-Network	Out-of-Network
Type A - Preventive Care (Cleanings and Oral Exams)	Covered at 100%	Covered at 100% maximum allowed
Type B - Basic Care (Fillings, Simple Extractions, and Periodontics)	Covered at 80%	Covered at 80% maximum allowed
Type C - Major Care (Bridges, Dentures, and TMJ)	Covered at 50%	Covered at 50% maximum allowed
Type D - Orthodontia	Covered at 50%	Covered at 50% maximum allowed
Deductible (Individual / Family)	\$50 / \$150	\$50 / \$150
Annual Maximum Benefit (Per Person)	\$1,200	\$1,200
Lifetime Orthodontia Maximum (Per Child)	\$1,500	\$1,500
Lifetime TMJ Maximum (Per Person)	\$500	\$500

DeltaCare Dental HMO

The DeltaCare Dental HMO is a dental plan that provides comprehensive dental care when services are obtained from an in-network primary dentist. During enrollment, select a participating dentist to serve as your primary dentist. With this plan, you are only responsible for the co-pays for any covered services you receive from your selected dentist. There are no deductibles, yearly maximums, or paperwork claims to file. Examples of common services and co-pays are listed below.

Description	Procedure Code	Co-pay
Office Visit	D0999	\$5
Oral Exam, X-rays, and Fluoride Treatment	N/A	No Co-pay
Prophylaxis (Teeth Cleaning Twice a Year)	D1110	No Co-pay
Periodontal Scaling and Root Planing, Per Quadrant	D4341	\$40
Amalgam Fillings for One Surface, Anterior	D2140	\$5
Surgical Extraction and Erupted Tooth	D7210	\$45
Root Canal-Molar (Excluding Final Restoration)	N/A	\$280
Crown	D2750	\$295
Orthodontics (Children and Adults)	D8070 (children) / D8090 (adults)	\$1,700 / \$1,900



Vision Plan

Healthy eyes and clear vision are an important part of your overall health and quality of life. Through Davis Vision, you have access to a national network of doctors and retail providers to help you care for your eyes. Eye exams, eyeglasses, and contacts are available to you at the cost of applicable co-pays. For vision plan details, watch the vision video in the City's benefits information video library located on the on the Human Resources website and COSAweb.

Davis Vision Collection

To maximize your vision plan benefit, consider purchasing frames or contact lenses from the Davis Vision Collection. The Collection is available at a number of participating independent provider locations. Independent providers do not include retail stores such as Visionworks or Walmart. To locate a participating independent provider near you, visit davisvision.com.

Frame Benefits

Several designer and brand name frames are available to you at only the cost of applicable co-pays, through Davis Vision's Frame Collection. As an added benefit, there is a one-year eyeglass breakage warranty included on plan eyewear at no additional cost. You are allowed a \$130 retail allowance toward frames outside the Davis Vision Frame Collection.

Contact Lens Benefits

Contact lenses selected from Davis Vision's Contact Lens Collection are covered in full. You are allowed a \$150 retail allowance toward contacts outside the Davis Vision Contact Lens Collection.

Additional Vision Benefits

Davis Vision offers a 25% discount off of a provider's Usual and Customary fees, or 5% off any advertised specials, whichever is lower, for laser vision correction surgery. The Eye Health Connection Program, offered by Davis Vision, provides enhanced services and benefits to those with cataracts, diabetes, macular degeneration, and glaucoma. If you have one of these conditions, you are eligible to receive an additional eye exam during the calendar year. You can even sign up to receive educational emails at davisvision.com.

In-Network Benefit Summary

Comprehensive Eye Exam - \$10 co-pay, one exam per year	
Frames (in lieu of contacts)	Contacts (in lieu of eyeglasses)
Once per calendar year beginning January 1.	Once per calendar year beginning January 1.
\$130 retail allowance toward any frame from provider, plus 20% off balance ³ .	\$150 retail allowance toward Non Collection contact lenses, plus 15% off balance ¹ .
OR	OR
Any Fashion or Designer frame from Davis Vision's Collection ¹ (value up to \$175).	Any contact lenses from Davis Vision's Contact Lens Collection ² .
One year eyeglass breakage warranty included at no additional cost.	Contact Lens Evaluation, Fitting & Follow-Up Care: Once per calendar year beginning January 1. Davis Collection contact lens covered in full, including fitting fee. Fitting fee is an additional charge minus 15% discount if Non Collection contact lens ² .
Spectacle Lenses - Once per calendar year beginning January 1. For standard single-vision, lined bifocal, or trifocal lenses.	

Additional Discounted Lens Options and Coatings

Most Popular Options	Without Davis Vision	With Davis Vision
Scratch-Resistant Coating	\$45	\$0
Polycarbonate Lenses	\$64	\$0 ² - \$40
Standard Anti-Reflective (AR) Coating	\$62	\$40
Standard Progressives (no-line bifocal)	\$154	\$65
Plastic Photosensitive (Transitions ³)	\$123	\$90

¹For dependent children, monocular patients, and patients with prescriptions of 6.00 diopters or greater.

²Davis Vision Collection is not available at retail providers. It is only available at participating independent provider locations.

³Additional discounts not applicable at Walmart or Sam's Club locations.

Out-of-Network Vision Benefits

Although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network, you have the option of receiving services from an out-of-network provider. When receiving services from an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form for reimbursement to: Vision Care Processing Unit, P.O. Box 1525 Latham, NY 12110. The reimbursement form can be found online at sanantonio.gov/hr/employee_information/benefits/forms.asp.



Life Insurance

One of the most important things about life insurance is the financial peace of mind it gives your loved ones. Through Dearborn National Life Insurance Company, the City provides all full-time employees with Basic Life and Accidental Death & Dismemberment Insurance in the amount of one (1) times your annual salary, for each. This insurance is provided at no cost to you. Additionally, you may purchase voluntary life insurance for yourself and your dependents.

You also have the option of purchasing voluntary Supplemental Life Insurance of up to five (5) times your annual base salary (not to exceed \$900,000). The cost of coverage is based on your age and amount of coverage you are selecting. Benefits are reduced at age 70. Visit sanantonio.gov/hr/employee_information/benefits/forms.asp to see the plan certificate of coverage. New employees may enroll in up to two (2) times their annual salary or \$200,000 in Supplemental Life Insurance without answering any medical questions during their first 31 days of hire. Enrollment after that time may be requested during the annual Open Enrollment period upon successful completion and approval of an Evidence of Insurability Questionnaire. Coverage requested after the first 31 days of employment or in excess of two (2) times your annual salary cannot be guaranteed. Please see the example below and use the employee age and premium multiplier calculation table to determine your bi-weekly premium cost.

Dependent Life Insurance is available to you at a bi-weekly premium cost of \$2 regardless of the number of covered dependents. The plan will pay \$25,000 for a spouse/domestic partner and/or \$10,000 for each dependent child through age 26, in the event of death.

Note: Life insurance benefits for you and your dependents expire upon separation from the City.

Supplemental Life Insurance Bi-Weekly Premium Rate Tables

Amount of total live coverage (Annual salary x level of Coverage)	Total live coverage divided x \$1,000	Employee Age	Premium Multiplier	Bi-Weekly Premium
(\$35,000 x 3 times life coverage) = \$105,000	\$105,000 / \$1,000 = \$105	48	\$0.87	\$105 x \$0.87 = \$9.14

Employee Age	Premium Multiplier
48	\$0.87
Under 30	\$.022
30 - 34	\$.032
35 - 39	\$.037
40 - 44	\$.050
45 - 49	\$.087
50 - 54	\$.135
55 - 59	\$.234
60 - 64	\$.388
65 - 69	\$.592
70 - 74	\$1.076

Disability

Short-Term Disability

The City offers, at no cost to eligible, full-time employees, a disability program with extended sick leave benefits for non-job-related illnesses or injuries. This program provides employees with a percentage of their salary based on years of service for a maximum of 26 weeks if unable to work as a result of a non-work related disability.

Long-Term Disability

The City provides, at no cost to eligible, full-time employees, a long-term disability program for those who are unable to work as a result of a non-work related disability. Total benefits are calculated at 40% of salary, minus offsets (i.e. Social Security, other coverage, etc.). Benefits may begin after 26 weeks of short-term disability benefits. To supplement your long-term disability coverage, the City offers you the option to purchase additional long-term disability coverage.

If you purchase additional voluntary coverage, you will be eligible to receive an additional 20% of your salary in long-term disability protection.

If you are on short-term or long-term disability at the time you enroll in additional long-term disability coverage, the additional 20% coverage will be delayed until you return to active duty. The rate for additional long-term disability coverage is your monthly salary x .0021.

Personal and Annual Leave

Full-time civilian employees can accrue and take leave for vacation, holidays, illness, or to attend to personal matters.

- Personal Leave accrues on a quarterly basis and must be used by the end of the calendar year.
- Annual Leave accrues on a monthly basis on an employee's anniversary date following the first six (6) months of employment. Unused Annual Leave may be carried over to the next calendar year up to a maximum of 400 hours.



Employee Wellness

In 2015, the Employee Wellness Program will continue to help you improve your overall health by offering services focused on being active, proper nutrition, and tobacco cessation.



Virgin Pulse Program

By participating in the Virgin Pulse Program, full-time civilian employees can earn contributions, **up to \$500**, to their FSA/HSA in 2015 by becoming or remaining active throughout the year. Contributions are based on five (5) reward levels. New members start at Level 1. The more activities you complete and physical activity you incorporate into your daily routine, the more HealthMiles you earn. Physical activity and program participation are tracked through a pedometer and online account. You have one year to reach Level 5 and to earn the full \$500 contribution. Contributions are automatically added to your FSA/HSA once a new level is reached. For those employees who do not have an FSA, one will be opened for you once you reach Level 2.

To enroll in the Virgin Pulse Program, simply register online - sanantonio.gov/hr/employee_information/wellness/virgin_healthmiles.asp.

For current Virgin Pulse Program participants, your new year begins on the anniversary date of when you enrolled in the program. For example, if you joined the program on January 15, 2014, you will begin at Level 1 again on January 15, 2015.

Any FSA reward dollars you earned after September 14, 2014, will be deposited into your FSA account in January 2015 for you to use throughout 2015.

Level	HealthMiles (Points)	Reward
Level 1	Up to 5,999	None
Level 2	6,000 to 11,999	\$50 HSA/FSA
Level 3	12,000 to 17,999	\$100 HSA/FSA
Level 4	18,000 to 35,999	\$150 HSA/FSA
Level 5	> 36,000	\$200 HSA/FSA
Total Contribution Once Level 5 Has Been Reached		\$500 HSA/FSA

Eligible activities include: tracking daily activity, participating in health challenges, attending and participating in designated/predetermined Employee Wellness Program events, and by demonstrating improved overall health.

Note: All money deposited into your FSA/HSA by the City is subject to a 6% contribution to your Texas Municipal Retirement System (TMRS) account. Because the City's contribution is recognized as income, it is subject to the deduction just like your bi-weekly paycheck. For example, if you earn \$50 through the Virgin Pulse Program, you will see a \$3 deduction on your TMRS paystub and a \$47 contribution to your FSA/HSA.

Wellness (Biometric) Screenings

FREE Wellness Screenings will be offered at various worksite locations throughout 2015. These screenings will provide cholesterol, blood pressure, BMI and glucose information, and will be available to civilian employees.

Employee Assistance Program

Deer Oaks is the City's Employee Assistance Program provider. The City offers full-time civilian and uniform fire employees, and their household members up to six (6) counseling sessions per issue (unlimited issues), per year. There is no cost to use these benefits.

The Employee Assistance Program provides counseling services for work, personal, marriage and family issues, one (1) free consultation with an attorney per year, and financial and management counseling. All services provided by the Employee Assistance Program are confidential and HIPAA-compliant. Contact the Employee Assistance Program at 210-615-8880 or visit deeroaks.com (username and password: cosa).

Employee Convenience Care Center

The City's dedicated Convenience Care Center, located at 1303 McCullough Ave., Ste. 170, is available to all employees and their dependents for convenient and comprehensive medical and preventive care. Operated by Gonzaba Medical Group, it offers any medical service that can be accessed at a primary care provider. If you are on the City's civilian health plan, you pay 50% of the usual physician co-pay at the center. Walk-ins or appointments are accepted. For more information, call the Employee Convenience Care Center at 210-921-COSA (2672).

On-site Health Coaches

The City's On-site Health Coaches provide one-on-one coaching services to employees on a variety of topics including nutrition, physical activity, weight management, and reduction of risk for chronic disease.

Call the Employee Wellness Program at 210-207-WELL (9355) or email cosa.healthcoaches@uhc.com to schedule an appointment. You can view the Health Coach profiles at sanantonio.gov/hr/employee_information/wellness/pdf/HealthCoaches_0714.

Weight Watchers at Work

Through the City's Weight Watchers at Work Program, you have the opportunity to be reimbursed, subject to payroll taxes, for up to 50% of the cost of participating in a Weight Watchers at Work group. Reimbursement is based on completing 80% of the Weight Watchers at Work Program. If you are interested in joining an existing group or would like to start a group at your worksite, contact the Employee Wellness Program at 210-207-WELL (9355) or wellness@sanantonio.gov.



Fitness Center Discounts

As a City of San Antonio employee, you receive discounted rates at some local health clubs/fitness centers. The rates apply to new members only, unless otherwise stated. A full list of centers can be found at sanantonio.gov/hr/employee_information/wellness/discounts.asp. Please contact the centers directly for more detailed information on family rates. To enroll at any fitness center, please take your employee ID for proof of employment with the City of San Antonio. For more information, please contact 210-207-WELL (9355) or wellness@sanantonio.gov.

TOBACCO USE AND TOBACCO PRODUCTS

The City's \$40 monthly fee will continue to be assessed to tobacco users in 2015. If you declared yourself a tobacco user in 2014 and have not reported a status change to the Employee Benefits Office, you will continue to incur the \$40 monthly fee. Non-tobacco users will continue to avoid the \$40 monthly fee by remaining tobacco-free.

The City defines a tobacco user as someone who has used tobacco products anytime within the last 60 days. If your tobacco user status changes within the year, it is your responsibility to notify the City's Employee Benefits Office. Remember, failure to truthfully disclose your tobacco user status is a violation of the City's Code of Ethics and disciplinary action could be taken.

Tobacco products include but are not limited to: cigarettes, cigars, pipes, all forms of smokeless tobacco (chewing tobacco, snuff, dip, or any other product that contains tobacco), clove cigarettes or any other smoking devices that use tobacco such as hookahs. E-cigarettes are also included in the definition of a tobacco product.

City's Tobacco Cessation Program

Recognizing that quitting tobacco is hard, the City is committed to supporting those employees and their spouses/domestic partners who would like to make tobacco use a thing of the past. Listed below are the tobacco cessation programs available to you through the City:

- **Quit for Life Program (Quitline)** – Call 866-784-8454 to enroll in the Quit for Life Program to receive one-on-one, personalized telephonic coaching, quitting aids, a quit guide, and access to a variety of online resources.
- **Tobacco Cessation Classes** – Through the City's Employee Assistance Program, administered by Deer Oaks, employees and their spouses/domestic partners can attend FREE group tobacco cessation classes. Classes are held from noon to 1 p.m. once a week, and they last for four (4) weeks. Contact the Employee Wellness Program at 207-WELL (9355) or wellness@sanantonio.gov to find out when the new classes begin.
- **Tobacco Cessation Prescription Medications** – The City's prescription drug plan has been extended to cover several popular tobacco cessation prescription medications. These medications include, Buprobán, which is a Tier 1 prescription medication, and Chantix, Nicotrol, and Zyban, which are Tier 3 prescription medications.

I Quit, So What is Next?

You may stop the monthly fee by completing a tobacco cessation program, including the Quit for Life Program and the City's tobacco cessation classes. Once you have successfully done so and are tobacco-free for 60 consecutive days, complete and submit a new Tobacco Declaration Form certifying that you are no longer a tobacco user with a certificate of completion from the tobacco cessation program to the City's Employee Benefits Office. Obtain a form through your department's Employee Relations Team. After you have submitted your new Tobacco Declaration Form and certificate of completion, it will take up to two (2) pay periods to process the change. Note, you will not be refunded for any amount you have paid in monthly fees prior to the new Tobacco Declaration Form being processed.

Retirement

Texas Municipal Retirement System (TMRS)

The City of San Antonio participates in the Texas Municipal Retirement System. Combined with Social Security benefits and personal retirement savings accounts, TMRS benefits can help provide financial security during retirement. Employees contribute 6% of their salary, and the City contributes two (2) times the employee contribution (12%). Employees become vested after five (5) years of service. Criteria for retirement is five (5) years of service at age 60 or 20 years of service at any age. Specific details about TMRS benefits, including benefit estimates, may be obtained at the TMRS website, tmrs.com or by calling TMRS at 800-924-8677.

457 (Deferred Compensation) Program

The City of San Antonio provides employees an additional way to save for retirement through a Section 457 Deferred Compensation Plan, administered through two providers. The plan is designed to supplement an employee's TMRS and Social Security benefits. Nationwide Retirement Solutions and ICMA Retirement Corporation are the City's deferred compensation vendors. Representatives from these companies are on-site in the Human Resources Department weekly. Contribution limits are set yearly by the IRS. For 2014, the maximum contribution was \$17,500, and employees over age 50 could contribute up to \$5,500. Once the 2015 maximum contribution amounts are determined, they will be available at sanantonio.gov/hr/employee_information/benefits/index.asp. City employees who wish to participate must contribute a minimum contribution of \$10 per paycheck.

As long as an employee elects to participate, a deduction will be taken from each of the 26 paychecks per year. An employee may stop deductions at any time by contacting the retirement plan provider or the Employee Benefits Office.



Eligibility / Dependent Eligibility

All full-time civilian City of San Antonio employees and their eligible dependents have the ability to participate in the Civilian Benefits Program. Part-time and temporary (seasonal) employees who work less than 30 hours per week are not eligible to enroll.

Employees with alternate medical care coverage have the option of waiving the City's medical care coverage during Open Enrollment. If this is the case, employees will be asked to provide information about their alternate medical care coverage.

Eligible Dependents

You may elect health care coverage for you and your eligible dependents during the annual Open Enrollment period. See the chart below for the types of documentation required to add a dependent. Validation information is subject to change. Please contact Human Resources Customer Service at 210-207-8705 for more information.

Adding a Dependent - Required Information		Making Changes During the Year
Type of Eligible Dependent	The following is a list of information required by the City to add a dependent. Additional information may be requested to complete your enrollment.	Elections made during Open Enrollment will be effective for the upcoming plan year, January 1 through December 31, 2015. The Internal Revenue Service (IRS) requires that your benefit elections remain in effect for the entire calendar year, unless you experience a Qualifying Life Event.
Spouse / Common Law Spouse	<p>The City requires:</p> <ul style="list-style-type: none"> • Copy of marriage license OR Declaration of Informal Marriage, AND • Properly completed enrollment form 	<p>Qualifying Life Events may include:</p> <ul style="list-style-type: none"> • Marriage
Domestic Partner (Same-gender or opposite gender)	<p>The City requires:</p> <ul style="list-style-type: none"> • An Affidavit of Domestic Partnership, AND • Properly completed enrollment form <p>In addition, two (2) of the following supporting documents are also required:</p> <ul style="list-style-type: none"> • Joint lease or mortgage, OR • Joint bank account, OR • Joint credit card, OR • Jointly paid household expense (ex: utility bill) with both names, <p>OR</p> <ul style="list-style-type: none"> • Beneficiary of life insurance or will, OR • Power of attorney 	<ul style="list-style-type: none"> • Divorce, Annulment, Dissolution of a Domestic Partnership • Birth or Adoption of a child • Change in your or your spouse/domestic partner's work status (full-time or part-time) that affects benefits eligibility • Change in your child's eligibility for benefits • Qualified Medical Child Support Order • Death • Enrollment in the Health Insurance Marketplace • Enrollment in Medicaid
Dependent Child up to age 26 (Biological child, stepchild, adopted child, Domestic Partner child, or foster child)	<p>The City requires:</p> <ul style="list-style-type: none"> • Properly completed enrollment form <p>In addition, one (1) of the following supporting documents is also required:</p> <ul style="list-style-type: none"> • Copy of birth certificate OR Verification of Birth Facts, OR • Copy of adoption agreement, OR • Copy of Qualified Medical Child Support Order, OR • Copy of court custody or guardianship documents 	<p>You must notify the Employee Benefits Office within 31 calendar days of your Qualifying Life Event and provide all required documentation in order for the changes in your coverage to take effect during the calendar year. If you fail to notify the Employee Benefits Office within 31 days and do not provide documentation, you must wait until the next Open Enrollment period to change your benefit elections.</p>



Glossary of Common Health Care Terms

The following is a list of health care terms that are used throughout this benefit guide. We have provided explanations for each of them so that you may better understand your benefits, how they work, and what choices will be best for you and your dependents.

Consumer-Driven Health Plan

Consumer-Driven Health Plan (CDHP) - A type of medical insurance plan in which you are responsible for the cost of your health care expenses until the plan's deductible and out-of-pocket maximum are reached. This type of plan has lower premiums than the other traditional health plans, but higher deductibles and out-of-pocket maximums.

Health Plan Features

Annual deductible - The amount you need to pay, not including co-pays, for covered health care services before the health plan pays. The annual deductible counts toward your out-of-pocket maximum.

Co-insurance - The percentage you have to pay for health care services after you have met your annual deductible. Co-insurance amounts count toward your out-of-pocket maximum.

Co-pay - The flat fee you pay for certain services like doctor's, specialist's, or urgent care office visits or prescription drugs. Prescription drug and office visit co-pays count toward your out-of-pocket maximum.

Flexible Spending Account (FSA) - A tax-exempt account that allows you to set aside a portion of your earnings to pay for qualified expenses, most commonly for medical expenses but often for dependent care or other expenses.

Health Savings Account (HSA) - A tax-exempt savings account that can be used to help pay for current and future qualified health care expenses. You can only have an HSA if you are enrolled in a Consumer-Driven Health Plan like Consumer Choice.

Out-of-pocket maximum - The most you will pay for covered health care services in a calendar year. Once you reach it, the health care plan pays 100% of the cost of covered health care services for the remainder of the year. All covered health care expenses count toward the out-of-pocket maximum, except for premiums.

Premium - The amount that must be paid for your health insurance or plan.

Prescription Drugs

Tier 1 (Generic) drugs - Medications that generally cost the least. They usually include the generic equivalents of brand name drugs.

Tier 2 (Preferred brand formulary) drugs - Medications that are typically your mid-range-cost option. Consider a Tier 2 drug if no Tier 1 medication is appropriate to treat your condition.

Tier 3 (Non-preferred brand) drugs - Medications that often include brand name drugs without generic versions or brand name drugs that are new to the market.

Tier 4 (Specialty) drugs - Medications that require special handling, administration, or monitoring. These drugs are often used to treat chronic illnesses such as cancer, hemophilia, multiple sclerosis, and Crohn's disease.

Provider Networks

In-network - A group of approved doctors, hospitals, and other health care professionals that provide quality care at contracted rates. These providers must pass a rigorous review of their personal history, disciplinary actions, licenses and certifications, and relevant training and experience.

Out-of-network - Doctors, hospitals, or other health care professionals that are not in the health plans' network. Service from these providers will, in many cases, cost you more than the same service from an in-network health care provider.

Types of Office Visits (Co-Pays)

Premium Designation Specialist - A visit to an in-network specialist or speciality center who is in a designated group of providers. A visit to a specialist or speciality center with the Premium Designation will result in a lower office visit co-pay than a visit to a specialist or speciality center without the designation.

These providers meet or exceed quality of care and cost efficiency standards as recognized by the UnitedHealth Premium Designation.

Primary Care - A visit to a physician, nurse practitioner, clinical nurse specialist, or physician assistant who provides, coordinates, or helps you access a range of health care services.

Specialist - A visit to a physician specialist who focuses on a specific area of medicine to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care - A visit to an urgent care facility to receive treatment for an illness, injury, or condition serious enough to seek care right away, but not so severe as to require a trip to the emergency room.



Tools & Resources

Tool	What it provides	Where to find it
UnitedHealthcare Health Plan Cost Estimator	Helps you select the right health care plan Compares cost differences between your plan and your spouse's / domestic partner's	pcestimator.com username: SanAntonio2015 password: benefits
My Health Care Cost Estimator	Helps you budget for a medical treatment Offers database of physicians and medical specialties Compares network and non-network cost estimates Shows how a procedure would affect your health account balances	myuhc.com
Videos	Overview of Open Enrollment and Health Spending Accounts	sanantonio.gov/hr

Notes



Health Benefits Notices

Following are summaries of the health benefits notices. Visit the Employee Benefits website at sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp for the complete information on each of the notices referenced below.

Children's Health Insurance Plan (CHIP)

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP) - If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, Texas may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid and since you live in Texas, you may be eligible for assistance paying your employer health plan premiums. To find out if premium assistance is available visit gethiptexas.com or call 1-800-440-0493.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact the Texas Medicaid or CHIP office, dial 1-877-KIDS NOW, or visit insurekidsnow.gov to find out how to apply.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1-866-444-EBSA (3272).

For more information on special enrollment rights, contact either:

- the U.S. Department of Labor, Employee Benefits Security Administration - dol.gov/ebsa or 1-866-444-EBSA (3272) or
- the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services - cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565.

Creditable Coverage

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please visit sanantonio.gov/hr/employee_information/benefits/benefits_retirees_nonmedicare.asp for more information.

HIPAA Privacy Policy

The Health Insurance Portability and Accountability Act (HIPAA) details the rules the City of San Antonio will follow to safeguard the confidentiality of medical information obtained through the course of enrollment and administration of our health plans. For detailed information, visit hhs.gov/ocr/privacy.

Summary Plan Documents/Plan Documents

This guide is intended to provide summary information about the benefit plans offered to the civilian employees of the City of San Antonio. Complete plan details are included in the Summary Plan Documents available from the Human Resources Department. In the event of any discrepancy between this document and the official Plan Document, the Plan Document shall govern. Visit sanantonio.gov/hr/employee_information/benefits/benefits_civ.asp to view the Summary Plan Documents.

ANY BENEFITS AND CONTRIBUTIONS UNDER THE CITY OF SAN ANTONIO'S INSURANCE OR SELF-FUNDED PROGRAMS ARE SUBJECT TO CHANGE AS DETERMINED BY THE CITY COUNCIL IN ANY BUDGET YEAR, OR BY ORDINANCE OR AMENDMENT.

THE CITY MANAGER, OR HER DESIGNEE, MAY BE AUTHORIZED TO AMEND THE CITY EMPLOYEE HEALTH BENEFITS PLAN AND SET PREMIUMS FOR EMPLOYEE AND DEPENDENT COVERAGE, SO LONG AS SUFFICIENT FUNDS ARE APPROPRIATED BY CITY COUNCIL (SEE ORDINANCE #2014-09-18-0690).



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